## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informati									·····				T			
Name and Mailing Address of Gila River Telecomr 7065 W. Allison Roa Chandler, AZ 85226	nunicatio	ns, Inc.						*					is a	eck here if this change of Iress.		
2. Year Report Filed 2018	g Period (End covered by Re 1 27, 20		ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a.											
SECTION II - Full-Time Employ	ees.				**************************************					***************************************	***************************************			***************************************		
Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
		spanic or			Not-Hispanic or Latino										Total	
		Latino		Male							Female					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
	А	В	С	D	E	F	G	π	I	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	.1		1												1	
First/Mid-Level Officials and Managers 1	.2					1			3				2		6	
Professionals	2		. 3										5		8	
Technicians	3 2		1				8						3		14	
Sales Workers	4							·							0	
Administrative Support Workers	5						3		1			I	10		15	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL 1	0 2	0	5	0	0	1	11	0	4	0	0	1	20	0	44	
PREVIOUS VEAR TOTAL	4														Λ	

SECTION III - Part-Time Em	ployee	es.	·····			V											
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories		Hispanic or Latino		Not-Hispanic or Latino													
				Male							Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N .	
		. А	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1							-								0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															. 0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0 -	0	0	0	
PREVIOUS YEAR TOTAL	11															0	
SECTION IV - Report of Disc	rimin	ation Compl	laints Pursua	ent to 47 CFF	R 22.321, 23.	55, 90.168, 10 <sup>-</sup>	1.4, and 101	.311.									
This is to advise company before This is to advise (Attach a list indir	any bo the Co	ody having co ommission th	ompetent juris at the followin	diction in suc	ch matters dur alleging viola	ing the calend itions of the pr	dar year cove rovisions of a	red by this rep ny equal empl	oort. loyment oppo	rtunity statute	have been fi	led against thi	s company.				
SECTION V - Certification	,									_							
I certify that to the best of my	knowle	edge, informa	ation, and beli	ef, all statem	ents in this re	port are true a	and correct.		7/	)							
Date	Typed or Printed Name of Person Signing						Signature	/,/		/		Telephone No.					
05/09/2018	Pe	ter Qua	m		(520) 796-3333												
Title of Person Signing Chief Financial Officer					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												